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ANGE COMMISSION

Washington, D.C. 20549

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8- 30466

FORM X-17A-5

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEG	PORT FOR THE PERIOD BEGINNING 01/01/08 AND ENDING 12/31/08			
	MM/DD/YY		MM/DD/YY	
	A. REGISTRANT IDENTIFICATION	ON		
NAME OF BROKER-DEALER: Sigma Financial Corporation		С	OFFICIAL USE ONLY	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.))	FIRM I.D. NO.	
4261 Park Road				
	(No. and Street)			
Ann Arbor	MI	48103	48103	
(City)	(State)	(Zip Co	(Zip Code)	
NAME AND TELEPHONE NUME Brandon D. Rydell	BER OF PERSON TO CONTACT IN REGAR		663-1611	
		(Area	Code – Telephone Number)	
	B. ACCOUNTANT IDENTIFICATI	ON		
	JNTANT whose opinion is contained in this R	eport*		
PricewaterhouseCoopers LLP		"	2.7 Km; 12.7	
	(Name - if individual, state last, first, mide	ale name)		
One North Wacker	Chicago	IL	60606	
(Address)	(City)	(State)	(Zip Code)	
CHECK ONE:				
☑ Certified Public Acc	countant			
☐ Public Accountant				
☐ Accountant not resid	dent in United States or any of its possessions.			
	FOR OFFICIAL USE ONLY			

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)

Washington, DC



OATH OR AFFIRMATION

I, Brandon D. Rydell	, swear (or affirm) that, to the best of	
my knowledge and belief the accompanying financial state	ment and supporting schedules pertaining to the	he firm of
Sigma Financial Corporation		, as
	0 <u>08</u> , are true and correct. I further swe	
neither the company nor any partner, proprietor, principal	officer or director has any proprietary interest	t in any account
classified solely as that of a customer, except as follows:		
4.44		
	Signature	
	Chief Financial Officer	in the state of th
	Title	
Ill live	SCOTT RHOADES	
Notary Public	NOTARY PUBLIC, STATE OF MI	
This report ** contains (check all applicable boxes):	COUNTY OF WASHTENAW MY COMMISSION EXPIRES Aug 7 2014	
(a) Facing Page.	ACTING IN COUNTY OF Washlenaw	
(b) Statement of Financial Condition.		هم ميد. فيدور در الهداد الأ
☑ (c) Statement of Income (Loss).☑ (d) Statement of Changes in Financial Condition.		
(d) Statement of Changes in Stockholders' Equity or I	Partners' or Sole Proprietors' Capital.	
☐ (f) Statement of Changes in Liabilities Subordinated t		
(g) Computation of Net Capital.		
 ☐ (h) Computation for Determination of Reserve Requir ☐ (i) Information Relating to the Possession or Control 		
 ☑ (i) Information Relating to the Possession or Control ☑ (j) A Reconciliation, including appropriate explanation 	n of the Computation of Net Capital Under Rule	e 15c3-1 and the
Computation for Determination of the Reserve Re		
☐ (k) A Reconciliation between the audited and unaudited	ed Statements of Financial Condition with res	pect to methods of
consolidation.		
☑ (1) An Oath or Affirmation.☐ (m) A copy of the SIPC Supplemental Report.		
(iii) A copy of the SIPC Supplemental Report. (iii) A report describing any material inadequacies found	to exist or found to have existed since the date	of the previous audit.
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^{**}For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).